# CT Family First – Kinship & Foster Care Workgroup Meeting Minutes: January 10, 2020

# Agenda

- Welcome and introductions
- Reflections and progress
- Kinship café reflections
- Break
- Charter discussion
- Open discussion and questions from the group
- Closing and next steps

## **Reflections and Progress**

- Before digging into the material, group co-lead Randi Rubin Rodriguez wanted to thank the Department of Children and Families for their efforts. She felt happy and proud of the way the Department has structured these workgroup meetings and appreciates the fact that community is so heavily involved in the process. She also wanted to thank the community providers for the time and enthusiasm they have given. This amount of input is unprecedented and gives her great hope.
- One group member explained that due to the happy accident of being locked out of her office, she took the initiative with the last meeting's blue folder and called the various kinship supports and groups listed to discuss their practice. She found that the 211 line needs updating, as some groups are out of date.
- The same member runs the R5 Regional Recruiter group, and recently she had a discussion in this group about older and full families. She explained that these families are very appreciated, but they are unable to keep placing kids in their homes. When this happens, the families do not feel as connected to the foster community, which is often a major part of their identity.
  - ➤ To address this issue, she suggested creating a Foster Parent Emeritus program that would consist of support groups and recruiters to continue these families' involvement and keep them in the community. This would allow them to "retire with honor," and have their contributions recognized. These folks would also be valuable mentors to people new to fostering.
  - ➤ One member added that this type of program would not cost a lot of money, and these families would also not even need background checks.

- ➤ Region 3 has already started a program like this, and perhaps this would be a good starting point to expand it to the rest of the state. In Region 3, "emeritus parents" receive a certificate and flowers.
- ➤ Since a lot of support groups consist of folks outside of DCF, this would be a good resource for families.
- Another member brought up a project that could be helpful to providers and foster
  parent recruiters: creating a state-wide calendar. This member has had situations
  where they will go to an event to recruit only to discover that someone from another
  organization or region is already covering that event. It would simplify things if there
  was a central calendar with all of this information so that folks could better
  coordinate and not wind up with duplicate coverage.
  - ➤ One person mentioned that this was attempted at one point, but it proved to be very difficult to coordinate. People were not consistently updating the calendar, which made it very ineffective.
- As a reminder to everyone, the Family First Website has minutes and materials from every meeting. You can use this website to stay up to date on what the other workgroups are doing and catch up from any meetings you've missed. The site is CTFamilyFirst.Ct.Gov

#### Kinship Café Reflections

- Members were given a copy of the results of the kinship café activity from the
  previous meeting. Please see Pages 3-5 of the 12/20/2019 Meeting Minutes for the
  table. The group was asked if anything was missing from the table. No one had
  anything to add to the table.
- The group was then asked what ongoing themes were present throughout the chart:
  - > **Support**: This was a common theme, and it came in many forms. Support is needed to help families through the process. And not just any support; *continuous* support is needed.
  - Help: Especially for birth parents. Parents need help learning "system speak"
    - New York has a program that uses birth parents who have been through the system to help mentor new families. For example, they could go along with families on provider visits or everyday errands. It would be important for them to be matched or organized through a provider so that the families would see them as a genuine resource for support rather than an attempt to further surveil them.

- National Zero to Three's Safe Baby Court Team Program does something similar.
- Connecticut currently has FSMs (Family Systems Managers) in each region. One member suggested expanding this role, but some folks felt maybe a separate position, outside the DCF system, would be necessary to implement this idea.
- Providers were encouraged to work more with FAVOR, whose Family
   Peer Support System provides similar support to families.
- The co-leads asked the foster parents in the room if they felt anything was missing or anything should be emphasized; no one responded.
- The co-leads asked the room whether anyone with experience as a foster child had anything they felt was missing or should be emphasized.
  - > One person replied that last week's meeting and presentation on the licensing standards was interesting for them. They felt that it was important to follow up with families to make sure that the current conditions are up to the standards. In their personal experience, they were in a home where they did not have a bed. It is important to make sure these homes are an equitable environment.
  - A provider explained that they wish there was more follow-through on the trajectory of a family. Sometimes the family presents itself very differently during the licensing process than they are in real life.
    - Ideally, we should think through how we could prevent this more on the front end and avoid licensing families like this.
    - One member suggested reconsidering the role of evidence-based tools to determine personality. We have lots of quantitative standards (# of beds, # of rooms, etc), but perhaps we should use these tools to learn whether or not people will be able to follow through.
    - A clinician discussed the training process. A lot of these families come in with good intentions and do believe they can handle behavior they find difficult; however, when the reality hits them, they are unprepared. Families feel overwhelmed and unequipped to handle the ways trauma manifests. We need trainings that address these traumas more thoroughly so that families understand when a child is behaving badly vs when they are dealing with the effects of trauma.

- Another person pointed out the high number of providers in the room, all of whom have spent a lot of time studying the neurological issues that come with trauma. Many foster parents don't have the same knowledge and need to be better trained in parenting children who are not neurotypical.
- It was suggested that the Department look at decision-making tools that could identify foster parents' strengths and use that to determine what would be a good placement for that family.
- ➤ Co-lead Tina Jefferson discussed an in-home therapy the department is working on for therapeutic Foster Care. It would take a family-systems approach, and Nicole Mckelvey-Walsh was asked to elaborate.
  - Nicole explained that Functional Family Therapeutic Foster Care is an evidence-based program based on research on diverse families. It believes that 1) children heal in the context of relationships and 2) a child's struggles should be viewed in the context of a family system.
  - FFTFC is not meant to be a permanent system, rather, it includes the full family from the start, with the goal being to get the family functioning better through the course of the program.
- The group wanted to thank the folks in the room that felt comfortable sharing their lived experience. Members acknowledged that this is a very personal topic, and we all want to express our sincere gratitude for your valuable insight.
- Tina highlighted the representation that exists across workgroups. There is a strong community presence, and DCF workers and family voices are also present in each group.
- Somewhat building off the previous discussion about training and treatment, one
  member suggested that post-licensing treatment be emphasized more. Right now,
  folks see it as optional and often do not take this opportunity, but it would be
  extremely beneficial to families.
  - ➤ One group member said they felt the Spanish-speaking community had trouble engaging in these trainings, and a DCF employee acknowledged that the Department should also be a better partner and make the trainings more accessible.
  - ➤ Another person felt that families need a combination of training and treatment because trainings only teach so much. Treatment and support will

- help them internalize this information. For this reason, the member was very excited about the shift that DCF is making.
- Along with that, another person shared their excitement about the training and focus on support outside of the DCF system through in-home treatments. These types of interventions help the family better understand the child and it balances the family's needs with their autonomy.
- The group took some time to specifically discuss the diversity in the communities that they serve. A lot of the time, there are disconnects between race, culture, language, economic disparities and religion.
  - > Speaking the same language does not mean that folks have the same experience or culture. This assumption is often problematic.
  - ➤ Nicole explained that the Functional Family Therapeutic Foster Care model acknowledges the specific struggles of a family, including their race and culture.
- Co-lead Randi felt that oftentimes, we do not focus enough on the healing for the kin/foster families, especially when the children go back to their birth parents.
  - ➤ It is hard to get emotionally attached to a child and then have to give them back, and sometimes forever.
  - This struggle is amplified for kin caregivers, as they also have to deal with the extra stress that comes with the feeling of obligation (and other unresolved tensions) with one's relatives. An example was an aunt who cared for her nieces and nephews. This process brought up a lot of old feelings and issues that the aunt had felt were resolved; becoming a caregiver for those children unearthed a lot of these issues again. This makes the relationship between caregiver and birth parents more strained than it otherwise would be.
  - Furthermore, kinship caregivers often did not ask to be in this situation. Our CORE families knew what they were signing up for, but kin did not expect to be the caregiver and were not prepared as much beforehand.
- Ultimately, one person identified the placement/matching process as a point of potential improvement. Are we ensuring that the match between caregiver and child is the best fit possible? They felt that families are trained to be firm on their own capacity, but then when they get the call about a placement need, they find themselves in over their head. We should examine whether families are within their capacity as they understand it.

- The group agreed that more supports are needed for kin caregivers. They are taking the children at a crisis moment, and they need trauma informed, culturally-specific and family-specific supports.
  - > They are often not prepared for these situations, since as was previously mentioned, they did not ask to become the caregiver.
  - ➤ Oftentimes, these families may have an "I'm okay" attitude towards the Department, even when they are in over their heads and could use support; however, the group felt this was somewhat understandable. These families have had a lot of contact with the Department and do not feel comfortable reaching out.
  - ➤ We also need to acknowledge the resource burden kin face. They face a greater burden than non-kin foster parents. How can one learn trauma-informed practice when they are struggling to feed everyone?
  - ➤ One member felt the earlier concept of a "buddy" who has been through the system ignores the perspective mentioned above. We should not just be asking what they need, but what do they need from their perspective? Many times, this family will not want a stranger in their house.
  - ➤ The narrow model of the federal licensing standard focuses more on middle class ideals than safe homes—we should assess people with empathy and understand their identity.
  - Nicole brought this discussion back to the Functional Family Therapeutic Foster Care model, which has the clinician adjust to the family and not try to fit the family into their style.
    - Targeted Case Management: Trained family-systems worker that can discuss these issues on the family's time.
  - For kin families, oftentimes there is a "hunker down" mentality. Families hunker down in times of crisis and are not going to be as open to people during these times.
- A final thought the group was left with before the break: how do we use a systems approach that takes a family's uniqueness into consideration?

#### **Break**

## Kinship and Foster Care Workgroup Charter

- At the last meeting, the workgroup agreed that a charter would be useful to orient them and clarify responsibilities. Prior to this meeting, Miranda Lynch, a Chapin Hall policy fellow with the University of Chicago, drafted a charter for the group to review.
- Randi and Tina went through the charter with the group, letting them comment and edit as they went through.
- The group broke down the key deliverable from the first meeting into five smaller key deliverables. The phrasing of these deliverables was edited by the group.
  - The group edited #2. Originally it said that kin would be better able to meet the needs of children who live with them. This was changed to "maintain" or "sustain" the needs to emphasize that this is an ongoing process that requires continued support (not just support in the beginning).
  - For #3, the group added "and continuously through adulthood" to show that children would be supported through the full continuum of their life. The group also eliminated "child welfare cases" from this point, as not all kinship is the result of a child welfare case. This was changed to "at the onset of a potential disruption form a BP/caregiver relationship."
  - ➤ The group felt that the goal of acknowledging the family/caregiver's input and deferring to their leadership was also important to highlight.
  - ➤ There was some debate about the word "well-prepared" on #4 but the group ultimately kept it.
- The group needed some clarification on the chart on page two. The chart showed the five areas of recommendation (the smaller deliverables) and at what points in the system intervention would help the family stay intact and/or avoid deeper system engagement. The group was initially a bit confused about the chart. The checkmarks that represented these intervention points were somewhat unclear, and the group agreed that a note that better explains the chart would be beneficial. Members also felt that parents should be included on the chart.
- The charter clarified the line between this workgroup and Programs and Services (which has been a confusing distinction in past discussions. There is some overlap (especially in the Kinship Navigator program), which can be discussed as long as there is also discussion between the groups and recommendations are not made in silos. Generally speaking, Kinship is tasked with identifying service gaps, barriers to access, and additional services that are needed. It will be focused more on access, not so much about the programs themselves.

- As far as the Kinship Navigator program is concerned, most of that discussion will take place here, but Programs will work on the specific EBPs that address the components we identify.
- The group read through the section on Member Roles and Responsibilities. Members were reminded of the importance of cohesion and consistency of group membership, but they should feel free to let Tina and Randi know if there are others you know of whose voice would add to our conversation. Meetings can be less efficient if the group needs to take time to catch everyone up; however, we appreciate new perspectives and opinions. If you have someone in mind, please refer them to Tina and Randi.
- As a reminder, this group is a recommending body. The workgroup will make recommendations based on a majority vote, but any disagreements or minority opinions will be noted as well. From there, our recommendations will go to the governance committee for approval. Once those components have been approved, they will be drafted into the Prevention Plan and sent to the governor. After the governor, the plan will be submitted to the Children's Bureau, which may approve the plan or work with us to edit the plan. Our hope is to have the plan approved and be ready to begin implementation in October of 2020.
  - A note on the governance committee: The governance committee includes DCF leadership but is not exclusively made up of DCF staff. Along with the executive team, we have a legislator, a youth, and a family voice. The coleads of every workgroup will also be a part of the committee, as will the transition team. Right now, the governance committee totals in at 28 members, most of whom are not DCF.
- The group reviewed the Meeting Cadence, which lays out the dates, times, locations, and topic of every meeting. They were asked to pay special attention to next meeting location, which had not been nailed down at the time of the meeting. Note—since the meeting, we have secured CHR in Manchester for the 1/24 meeting. Also, participants were asked to note that the meeting scheduled for April 10<sup>th</sup> has been moved to April 13<sup>th</sup> due to a state holiday and Passover. That meeting will be held in Beacon. The group was in agreement with the meeting schedule.

## Open Discussion/Questions from the Group

- One person wanted to know what the workgroup expects from its members. The coleads responded that there may be homework certain weeks which members are expected to do (ex. Review minutes, read through materials, etc).
- Along with that, members were curious whether they should be talking about Family
  First with the families they serve or garnering feedback. They also wanted to know if
  this was the case, whether there are any talking points they should use or if there is
  specific information the workgroup wants shared/brought back.
  - ➤ Right now, the Community Partnerships group is working on coming up with a list of key questions that they plan to ask the community through focus groups and 1:1 conversations. The list was originally ten questions long, but it is currently being pared down to three. This list can be modified for the Kinship group to be more focused on this workgroup's parameters. If anyone wants to help with this process, they should feel free to reach out.
  - ➤ It would also be helpful for members to read through the goals of each meeting and use their best judgement as to what information would be helpful to bring back to the group.
  - If there are community support groups (especially groups outside of DCF) that members are a part of, it would be very helpful to bring their opinions and perspectives in. For example, there is a grandparent support group; they would be able to contribute a lot to the group because their experience is quite different from DCF kin and foster families.
  - Currently, we do not have a specific list of talking points, but it would be beneficial to review the information on our website; it goes into depth about Family First and would be a good source of potential talking points.
  - > The New Haven Regional Advisory Group is also taking this to their RAC and to neighborhoods in their community for input.
  - ➤ The Community Partnerships workgroup is working on soliciting feedback, so it is not mandatory to do this, but we greatly value community feedback and would be happy to hear what your families have to say!
- One member raised a question: What happens after the governance committee? We have gone through the review process, submitting to the feds, etc, but what does this mean for our workgroup? Will we still be involved after submission?
  - ➤ There is the formalization process (as previously mentioned), but after a reprieve from the federal dialogue, workgroup members will be invited back to

discuss the implementation process. This is an opportunity for members to participate in a different workgroup if they are so inclined or, if necessary, take a step back and not join this part of the process.

- How are other agencies being involved in this process?
  - ➤ We have representatives from other agencies in the other workgroups. If members feel we should recruit more for this particular workgroup, we can, but they are more concentrated in our Community Partnerships and Fiscal workgroups. We currently have representation from OPM, OEC, DMV, DMHAS, DSS, and DPH. Ken and JoShonda can also help with reaching out beyond DCF, since they sit on every workgroup and can give a perspective of the overall process.
- What are we seeing on the state level with respect to governors and other agencies?
   Should we be worried about the governor approving the plan? Is it possible the plan could be rejected by either the governor or the feds?
  - The governor will review the plan, but as mentioned above, representatives from the OPM are on our Fiscal workgroup, so they will be a part of the planning process from start to finish. By involving them early on, we are hopeful that they will support the plan.
  - No state has had their plan outright rejected; generally what we see is a back and forth between the feds and the state. We might end up needing to take some time to work out the nuances with them, but states are given a fair amount of latitude with the plan. For example, those who have read the Utah and DC plans will notice that they are quite different. We feel there is great opportunity to create something that is specific to our state and population.
- A data point was requested—can we get statistics on the rate of disruption for relative caregivers?

### **Closing and Next Steps**

- The next meeting will be on January 24<sup>th</sup> from 9 am 12 pm. It will be in CHR in Manchester (444 Center Street) on the 3<sup>rd</sup> floor.
- The focus of the meeting will be data on relatives/kin families who may be in need, current system functioning, family-based care, and potential barriers, challenges, and success. If members have presentations, reports, or other data sources they feel would be useful to the meeting, please email them to the Family First inbox by January 17<sup>th</sup>. Thank you!

## Parking Lot Issues Identified During the Meeting

The following are issues that were brought up during the meeting that merited further discussion:

- Kinship Support Groups
  - 211 needs to be updated (no longer operating)
- > Central calendar to share information statewide
- ➤ Foster Parent Emeritus
  - Honors, mentors, great resource for marketing and recruitment
- > Improve Foster Family Assessment
  - Family Functioning Therapy Foster Care
- Post-Licensing Training
  - Treatment not training
- Diversity Inclusion
- Healing
- Matching No Kin
- ➤ Support Kin
- Probate Court
- Questions/Talking Points for Outside Tables